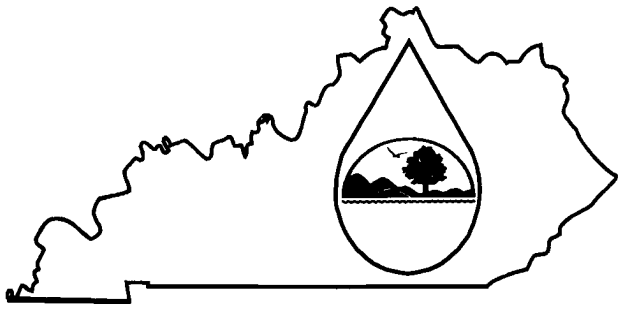
KPDES FORM 1

3063



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE 0 0 2 5 8 1 0
A. Name of Business, Municipality, Company, Etc. Requesting Permit Paducah McCracken Joint Sewer Agency	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**
Facility Location Name: Reidland Wastewater Plant	Facility Contact Name and Title: Mr. ☒ Ms. ☐ John C. Hodges, P.E., L.S.
Facility Location Address (i.e. street, road, etc., **not P.O. Box**): 210 Reddy's Run	Mailing Address: 621 Northview St.
Facility Location City, State, Zip Code: Paducah, KY 42003	Mailing City, State, Zip Code: Paducah, KY 42001
D. Owner's name (if not the same as in part A and C):	Facility Contact Telephone Number:
Owner's Mailing Address: 621 Northview St. Paducah, KY 42001	Owner's Telephone Number (if different): 270-575-0056

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Municipal Wastewater Treatment Plant

B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:			
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)	
B. County where facility is located: McCracken	City where facility is located (if applicable): Paducah
C. Body of water receiving discharge: Tennessee River	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 01' 25"	Facility Site Longitude (degrees, minutes, seconds): 88° 30' 45"
E. Method used to obtain latitude & longitude (see instructions):	G.P.S.
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	111156167

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Reidland Wastewater Treatment Plant

Mailing Address: Paducah-McCracken Joint Sewer Agency

621 Northview St. Paducah, KY 42001

Contact person: John C. Hodges, P.E., L.S.

Title: Executive Director

Telephone number: 270-575-0056

Facility Address (not P.O. Box): 210 Reddy's Run

Paducah, KY 42003

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

X owner X operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

X facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	KY0025810	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Reidland	3700	Sanitary	Municipal
Total population served	3700		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes X No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes X No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 1.0 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.49	0.46	0.60	mgd
c. Maximum daily flow rate	3.10	3.70	3.95	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X	Separate sanitary sewer	100 %
_____	Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes X No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes X No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

Reidland	42003
(City or town, if applicable)	(Zip Code)
McCracken	Kentucky
(County)	(State)
37° 01' 25"	88° 30' 45"
(Latitude)	(Longitude)

c. Distance from shore (if applicable) 65 ft.

d. Depth below surface (if applicable) 18 ft.

e. Average daily flow rate 0.46 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes X No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water Tennessee River

b. Name of watershed (if known) Four Rivers

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): ____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable):
acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): ____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

X Primary X Secondary

____ Advanced ____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85	%
Design SS removal	85	%
Design P removal		%
Design N removal		%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.
U.V.

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

d. Does the treatment plant have post aeration? X Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.60	s.u.			
pH (Maximum)	8.00	s.u.			
Flow Rate	3.69	mgd	0.46	mgd	365
Temperature (Winter)	16.7	°C	12.3	°C	90
Temperature (Summer)	25.7	°C	23.3	°C	90

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	8.50	mg/L	3.10	mg/L	48	SM5210-B	2
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		110	#/100ml	19.8	mg/L	48	SM9222-B	10
TOTAL SUSPENDED SOLIDS (TSS)		11.7	mg/L	3.70	mg/L	48	SM2540-D	1

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

66,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

JSA performs video inspection, smoke testing, and repair/rehabilitation via self-perform and subcontractor.

Manhole lining and rehab, in addition to CIPP and point repair work on gravity sewers, is performed annually.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes __X__ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____ _____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	<0.11	mg/L	<0.11	mg/L	3	SM-4500-NH3D	0.11
CHLORINE (TOTAL RESIDUAL, TRC)	N/A		N/A				
DISSOLVED OXYGEN	8.85	ppm	8.43	ppm	3	SM-4500-0G	0.01
TOTAL KJELDAHL NITROGEN (TKN)	3.08	mg/L	2.69	mg/L	3	SM-4500-NH3D-TKN	0.5
NITRATE PLUS NITRITE NITROGEN	8.70	mg/L	4.10	mg/L	3	SM-4500-N03E	2
OIL and GREASE	<2.0	mg/L	<2.0	mg/L	3	EPA-1664A	2
PHOSPHORUS (Total)	1.02	mg/L	0.92	mg/L	3	SM-4500-PE	0.313
TOTAL DISSOLVED SOLIDS (TDS)	321	mg/L	296	mg/L	3	SM-2540C	0.1
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

__X__ Basic Application Information packet

Supplemental Application Information packet:

__X__ Part D (Expanded Effluent Testing Data)

__X__ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: John C. Hodges, P.E., L.S.

Signature:

Telephone number: 270-575-0056

Date signed: 8/21/08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<0.01	mg/L			<0.01	mg/L			1	EPA-200.7	0.01
ARSENIC	<0.01	mg/L			<0.01	mg/L			1	EPA-200.7	0.01
BERYLLIUM	<0.001	mg/L			<0.001	mg/L			1	EPA-200.7	0.001
CADMIUM	<0.002	mg/L			<0.002	mg/L			1	EPA-200.7	0.002
CHROMIUM	<0.005	mg/L			<0.005	mg/L			1	EPA-200.7	0.005
COPPER	0.009	mg/L			0.009	mg/L			1	EPA-200.7	0.005
LEAD	<0.006	mg/L			<0.006	mg/L			1	EPA-200.7	0.006
MERCURY	<0.0002	mg/L			<0.0002	mg/L			1	EPA-245.1	0.0002
NICKEL	<0.005	mg/L			<0.005	mg/L			1	EPA-200.7	0.005
SELENIUM	<0.01	mg/L			<0.01	mg/L			1	EPA-200.7	0.01
SILVER	<0.005	mg/L			<0.005	mg/L			1	EPA-200.7	0.005
THALLIUM	<0.02	mg/L			<0.02	mg/L			1	EPA-200.7	0.02
ZINC	0.027	mg/L			0.027	mg/L			1	EPA-200.7	0.01
CYANIDE	<0.01	mg/L			<0.01	mg/L			1	EPA-4500CNE	0.01
TOTAL PHENOLIC COMPOUNDS	<0.05	mg/L			< 0.05	mg/L			1	EPA-420.1	0.05
HARDNESS (AS $CaCO_3$)	143	mg/L			143	mg/L			1	EPA-200.7	0.412
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<20.0	ug/L			<20.0	ug/L			1	624	20.0
ACRYLONITRILE	<20.0	ug/L			<20.0	ug/L			1	624	20.0
BENZENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
BROMOFORM	<1.00	ug/L			<1.00	ug/L			1	624	1.00
CARBON TETRACHLORIDE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
CLOROBENZENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
CHLORODIBROMO-METHANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
CHLOROETHANE	<1.00	ug/L			<1.00	ug/L				624	1.00
2-CHLORO-ETHYLVINYL ETHER	<5.00	ug/L			<5.00	ug/L			1	624	5.00
CHLOROFORM	<1.00	ug/L			<1.00	ug/L			1	624	1.00
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
1,2-DICHLOROETHANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
TRANS-1,2-DICHLORO-ETHYLENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
1,1-DICHLOROETHYLENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
1,2-DICHLOROPROPANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
1,3-DICHLORO-PROPYLENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
ETHYLBENZENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE	<10.00	ug/L			<10.00	ug/L			1	624	10.0
1,1,2,2-TETRACHLORO-ETHANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
TETRACHLORO-ETHYLENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
TOLUENE	<5.00	ug/L			<5.00	ug/L			1	624	5.00

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
1,1,2-TRICHLOROETHANE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
TRICHLORETHYLENE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
VINYL CHLORIDE	<1.00	ug/L			<1.00	ug/L			1	624	1.00
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2,4-DICHLOROPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2,4-DIMETHYLPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2-NITROPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
4-NITROPHENOL	<21.7	ug/L			<21.7	ug/L			1	625	21.7
PENTACHLOROPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
PHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2,4,6-TRICHLOROPHENOL	<5.43	ug/L			<5.43	ug/L			1	625	5.43
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
ACENAPHTHYLENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
ANTHRACENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
BENZIDINE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
BENZO(A)ANTHRACENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
BENZO(A)PYRENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
BENZO(GHI)PERYLENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
BENZO(K)FLUORANTHENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
BIS (2-CHLOROETHOXY) METHANE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
BIS (2-CHLOROETHYL)-ETHER	<5.43	ug/L			<5.43	ug/L			1	625	5.43
BIS (2-CHLOROISO-PROPYL) ETHER	<5.43	ug/L			<5.43	ug/L			1	625	5.43
BIS (2-ETHYLHEXYL) PHTHALATE	<10.9	ug/L			<10.9	ug/L			1	625	10.9
4-BROMOPHENYL PHENYL ETHER	<5.43	ug/L			<5.43	ug/L			1	625	5.43
BUTYL BENZYL PHTHALATE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2-CHLORONAPHTHALENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
4-CHLORPHENYL PHENYL ETHER	<5.43	ug/L			<5.43	ug/L			1	625	5.43
CHRYSENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
DI-N-BUTYL PHTHALATE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
DI-N-OCTYL PHTHALATE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
DIBENZO(A,H) ANTHRACENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
1,2-DICHLOROBENZENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
1,3-DICHLOROBENZENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
1,4-DICHLOROBENZENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
3,3-DICHLOROBENZIDINE	<10.9	ug/L			<10.9	ug/L			1	625	10.9
DIETHYL PHTHALATE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
DIMETHYL PHTHALATE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2,4-DINITROTOLUENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
2,6-DINITROTOLUENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
1,2-DIPHENYLHYDRAZINE	<5.43	ug/L			<5.43	ug/L			1	625	5.43

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
FLUORENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
HEXACHLOROBENZENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
HEXACHLOROBUTADIENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
HEXACHLOROCYCLO-PENTADIENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
HEXACHLOROETHANE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
INDENO(1,2,3-CD)PYRENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
ISOPHORONE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
NAPHTHALENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
NITROBENZENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
N-NITROSODI-N-PROPYLAMINE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
N-NITROSODI- METHYLAMINE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
N-NITROSODI-PHENYLAMINE	<10.9	ug/L			<10.9	ug/L			1	625	10.9
PHENANTHRENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
PYRENE	<2.17	ug/L			<2.17	ug/L			1	625	2.17
1,2,4-TRICHLOROBENZENE	<5.43	ug/L			<5.43	ug/L			1	625	5.43
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

"See Attachment"

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

PADUCAH McCRACKEN

JSA

JOINT SEWER AGENCY

Re: KPDES No. KY0025810
PART E. Toxicity Testing Data, Section E.4. Summary of Submitted Biomonitoring Test Information
Paducah McCracken Joint Sewer Agency
Reidland Wastewater Treatment Plant
McCracken County Kentucky

Biomonitoring reports for outfall 001 of the Reidland Wastewater Treatment Plant have been submitted quarterly with the Discharge Monitoring Reports postmarked on or before the 28th day of the appropriate month for Pimephales promelas and Ceriodaphnia dubia Acute 48-Hour Definitive analysis since September of 2005. Dates of data submission are enclosed. All results have been LC50 >100%, TUa of <1.00, non-toxic. Documentation showing that the Division of Water had waived the biomonitoring requirement for this facility effective September 1, 2001 until the next permit renewal in 2005 is also attached.

621 Northview Street ▪ Paducah, Kentucky 42001 ▪ 270-575-0056 ▪ FAX 270-444-0206
www.jointsewer.com

Biomonitoring Test Information
Dates Submitted

09/27/2005
01/27/2006
04/27/2006
07/27/2006
10/27/2006
01/26/2007
04/27/2007
07/27/2007
10/26/2007
01/25/2008
04/23/2008
07/25/2008

PADUCAH McCRACKEN

JSA

JOINT SEWER AGENCY

September 18, 2001

Mr. Herb Ray
Department of Environmental Protection
Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

Dear Mr. Ray:

The Paducah McCracken Joint Sewer Agency (JSA) request biomonitoring test with the fathead minnow (Pimephales promelas) and water flea (Ceriodaphnia dubia) be deleted as a monthly testing parameter for Reidland Wastewater Treatment Plant's KPDES Permit KY0025810 requirements 2001-2004 and be changed to an annual parameter.

The WWTP is currently averaging 0.72 mgd daily flow from no industrial users and only limited commercial customers with no threat to the toxicity of the POTW. Reidland is a bedroom community to Paducah and Calvert City and its wastewater is composed of mainly household domestic sewer. A school system, grocery store, laundry mat, drug store, churches, 2 restaurants at this time, a couple of gas stations, two car washes, and various other miscellaneous business make up the majority of commercial dischargers to the system. There is no significant toxicity threat from any of these dischargers.

For the month of August we have completed two complete sets of Biomonitoring parameters. As discussed earlier there were no samples collected for the July period. This error was due to an oversight of the new parameter on the discharge permit. We had an earlier sample pulled for the month of August but the contract carrier failed to deliver the sample on time.

All 4 sets of toxicity test posted a score of LC 50 >100%. We conclude that it would be a waste of time and resources to conduct the toxicity testing on a monthly schedule based on the fact there are no significant dischargers to the system and due to the flow being less than a million gallons a day. The Reidland POTW is a well designed and operated plant that has met all permit requirements over the past two years and has received numerous awards for outstanding operations.

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We realize the KY DOW is implementing a watershed approach in monitoring the waters of the Commonwealth and we support the program. Instead of spending valuable time and resources on the toxicity parameter, the JSA would rather use these resources to address wet weather issues and rehab the collection system. The JSA request the KY DOW to consider the request for a reduction in biomonitoring screening for the permit period 2001-2004 based on the above information. If you need additional information or need to discuss this issue please contact me.

Sincerely,

Kevin L. Murphy
Director of Operations

JAMES E. BICKFORD
SECRETARY

PAUL E. PATTON
GOVERNOR

COMMONWEALTH OF KENTUCKY
NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
FRANKFORT OFFICE PARK
14 REILLY RD
FRANKFORT KY 40601

September 25, 2001

Mr. Kevin L. Murphy
Director of Operations
Paducah/McCracken JSA
621 Northview Street
Paducah, Kentucky 42001

Re: JSA-Reidland Wastewater Treatment Plant
KPDES Permit No.: KY0025810
McCracken County, Kentucky

Dear Mr. Murphy:

This letter is in response to your request dated September 18, 2001, for relief of the biomonitoring requirement for the above-referenced facility. Included with the request were two (2) sets of biomonitoring test results conducted in August 2001, all of which passed.

After review of the submittal and supporting documentation, we have decided to waive the biomonitoring requirement, effective September 1, 2001 through the expiration date of the permit. You should be receiving corrected Discharge Monitoring Reports reflecting this change. Metals analyses will still be required, but on an annual basis. The August sample will satisfy the 2001 metals analysis requirement, so the next metals analysis will be due during 2002. Discharge monitoring reports for this submittal will be sent to you near the end of this year.

At the time of application for re-issuance in 2004, provided there are no substantial changes between now and then, we will re-evaluate the need for the biomonitoring requirement. At a minimum, the review will be to look at any changes in the characteristics of the wastewater due to user contribution and the approach of the average daily flow to the design capacity.

Should you have any questions, please contact me at (502) 564-2225, extension 431.

Sincerely,

Herb Ray, Environmental Engineer
Municipal Section
KPDES Branch
Division of Water

HR:tm

c: Paducah Regional Office
Division of Water Files

RECEIVED
SEP 28 2001
Paducah-McCracken Co.
Joint Sewer Agency

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes __X__ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ft.

d. Depth below surface (if applicable) _____ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

PADUCAH McCRACKEN

JSA

JOINT SEWER AGENCY

August 19, 2008

Ms. Vickie Prather
Environmental and Public Protection Cabinet
Division of Water
KPDES Branch/IDM Section

Re: KPDES No. KY0025810
Paducah McCracken Joint Sewer Agency
Reidland Wastewater Treatment Plant
McCracken County Kentucky

Ms. Prather;

Pursuant to your February 12, 2008 letter, enclosed please find the above-referenced permit application.

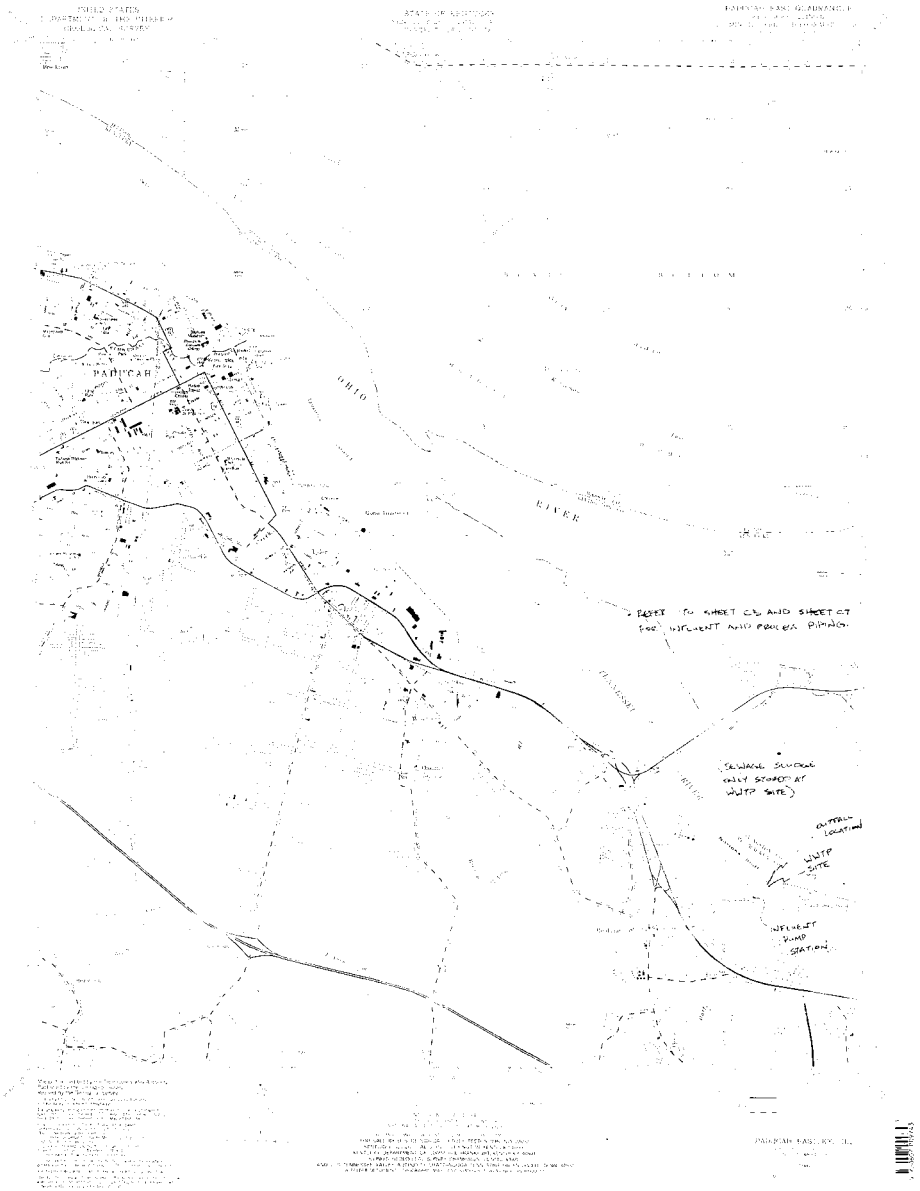
Part D of the permit entitled "Expanded Effluent Testing Data", requires 3 scans of certain parameters to be taken no fewer than four months and no more than 8 months apart. Due to the 6 month turnaround time to submit information concerning this permit to the Division of Water, all scans have not been completed to date. Pursuant to a phone conversation between Kevin Bailey of our office and Ms. Sara Beard of Division of Water, the Paducah McCracken Joint Sewer Agency was to submit the permit application within the time parameters specified in your February 12, 2008 letter, with follow-up submittals of the additional scans required by the permit and performed by the Paducah McCracken Joint Sewer Agency.

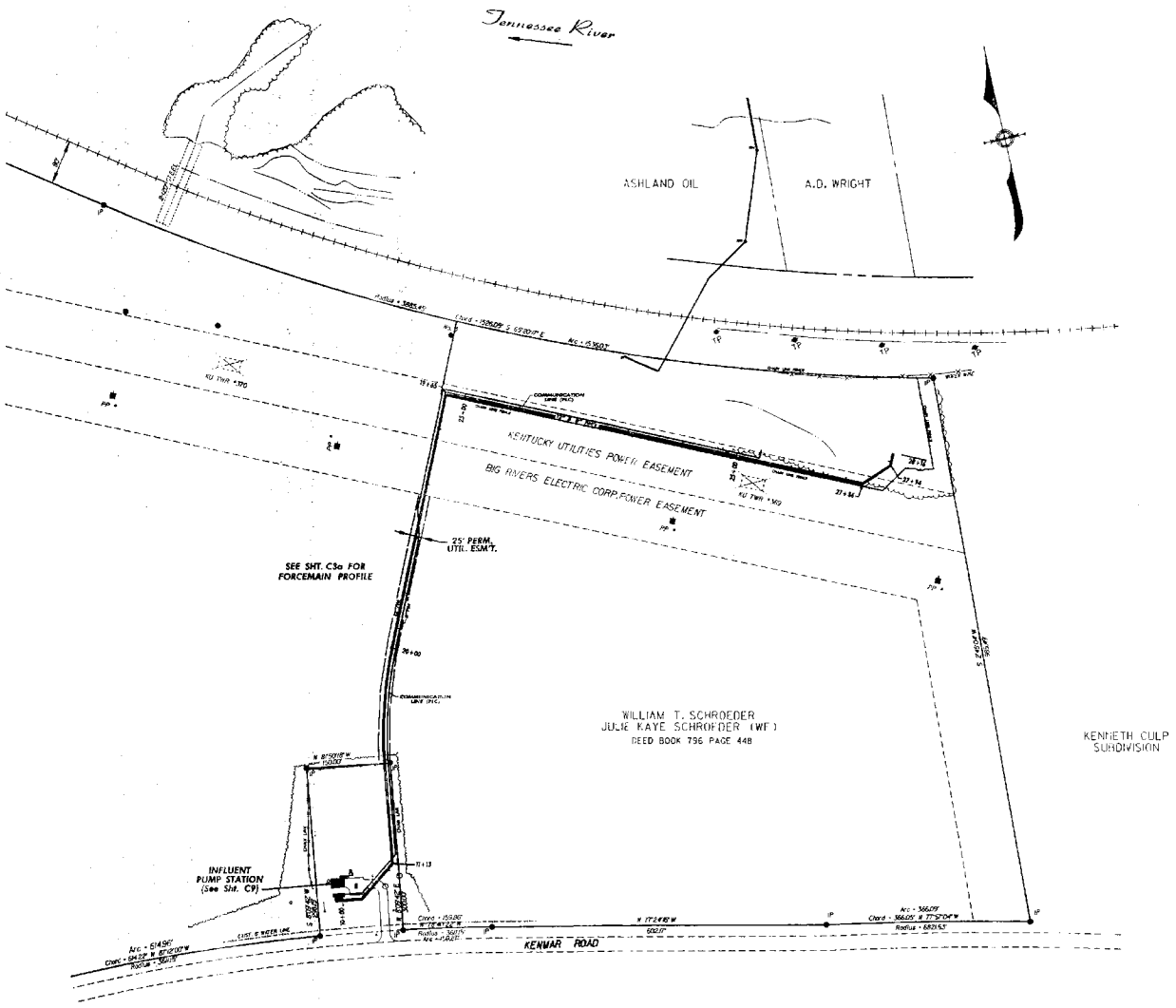
If you have any questions, or require further information, please do not hesitate to call myself or Kevin Bailey at (270) 575-0056.

Sincerely,

John C. Hodges, P.E., L.S.
Executive Director

621 Northview Street ▪ Paducah, Kentucky 42001 ▪ 270-575-0056 ▪ FAX 270-444-0206
www.jointsewer.com


PADUCAH
OHIO
RIVER
SEE SHEET C2 AND SHEET C7 FOR INFLUENT AND PROCESS PIPING.
SEWAGE SLUDGE ONLY STOPS AT WWTP SITE)
OUTFALL LOCATION
WWTP SITE
INFLUENT PUMP STATION



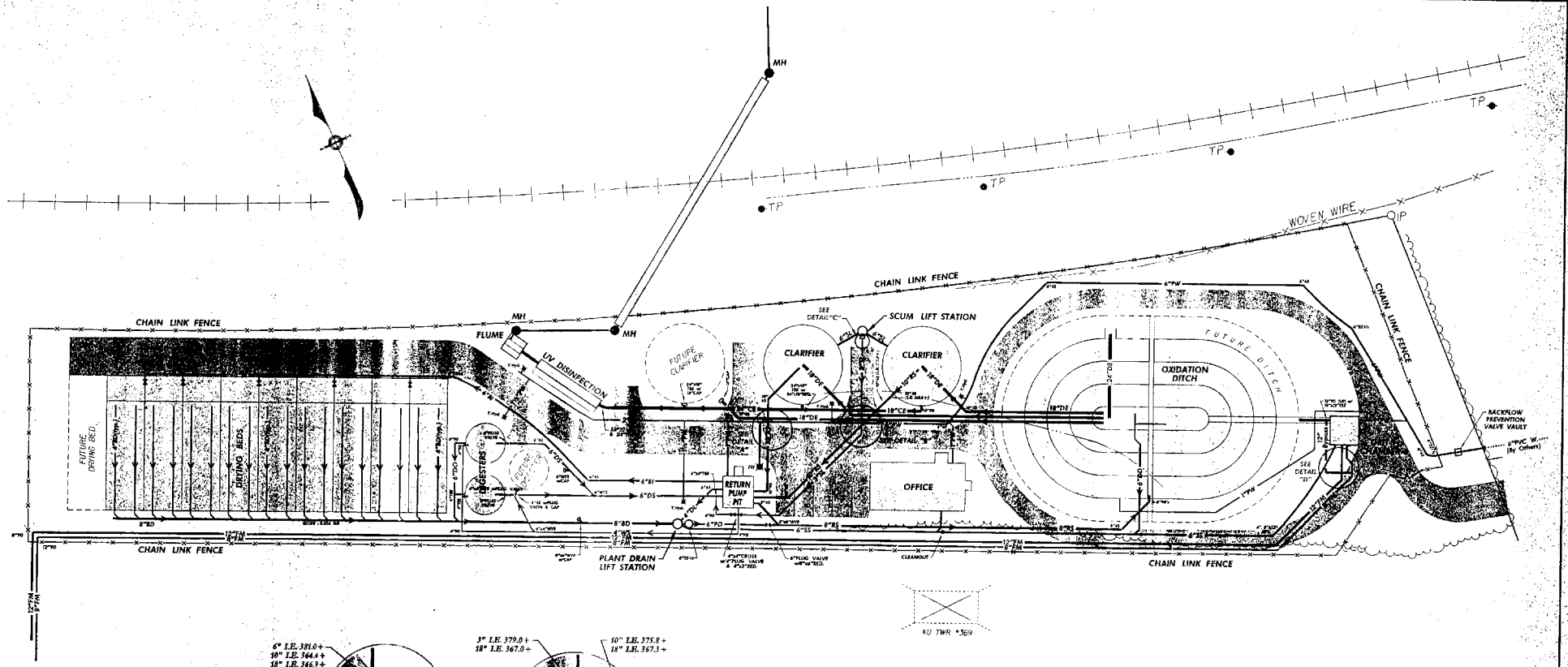
100 0 100 200
GRAPHIC SCALE

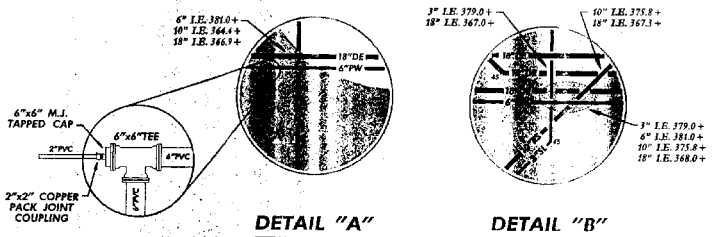
RECORD DWG. 1998

FLORENCE & HUTCHESON, INC.
Consulting Engineers

SEWAGE TREATMENT PLANT
for the
Reidland Water - Sewer District
SITE LAYOUT

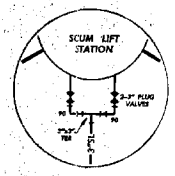
DRAWN: LEL/LDC	CHECK: RLC/EWB	MECHANICAL:	ELECTRICAL:	PROJECT NO.: 93126	C3
CIVIL: RJR/EWB	PROJECT: RLC	APPROVED: RLC/EWB	DATE: MAR'95	SCALE: 1"=100'	



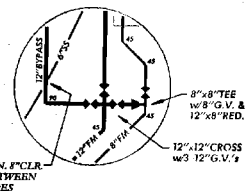


DETAIL "A"

DETAIL "B"



DETAIL "C"



DETAIL "D"

PIPING LEGEND

BD	DRYING BED UNDERDRAIN
BI	DRYING BED INFLUENT
CD	CLARIFIER DRAIN
CE	CLARIFIER EFFLUENT
DD	OXIDATION DITCH DRAIN
DE	OXIDATION DITCH EFFLUENT
DI	OXIDATION DITCH INFLUENT
DO	DIGESTER SUPERNATANT
DS	DIGESTER SLUDGE LINE
PD	PLANT DRAIN LINE
PE	PLANT EFFLUENT
PI	PLANT INFLUENT
PW	POTABLE WATER
RS	RETURN SLUDGE LINE
SL	SCUM LINE
WS	WASTE ACTIVATED SLUDGE
DL	RETURN PUMP PIT DRAIN LINE

30 0 30 60

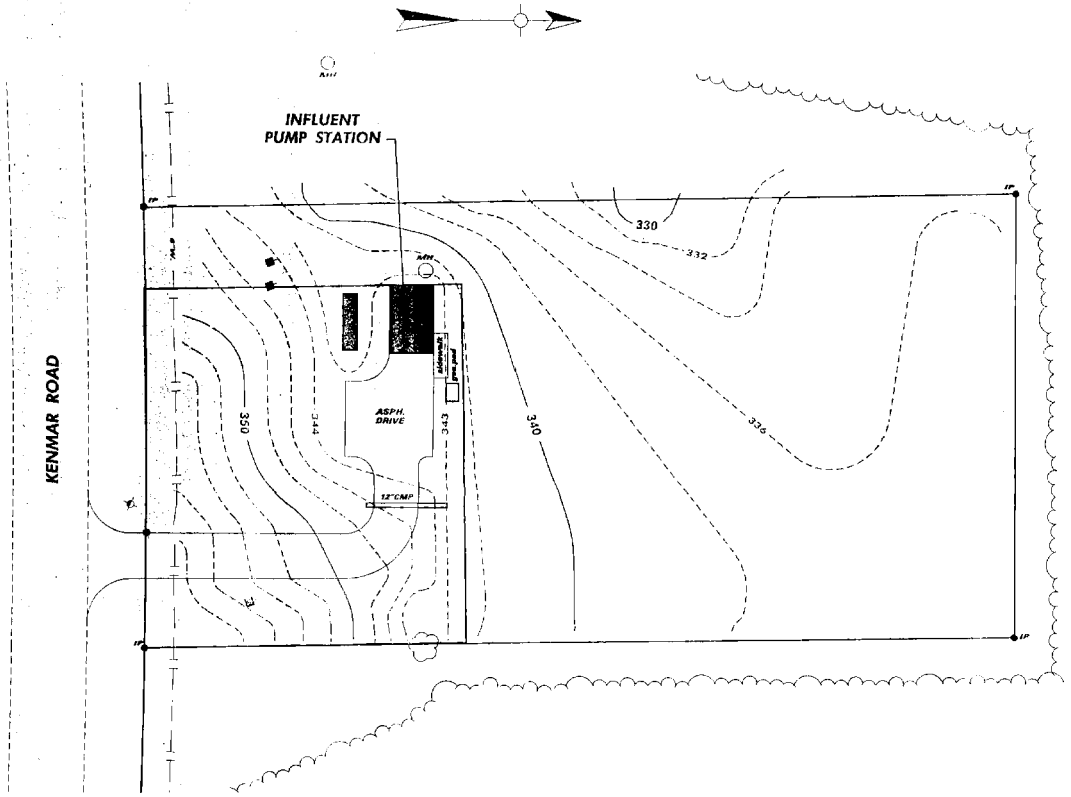
GRAPHIC SCALE

RECORD DWG. 11/98

FLORENCE & HUTCHESON, INC.
Consulting Engineers

SEWAGE TREATMENT PLANT
for the
Reidland Water – Sewer District
UTILITY LAYOUT

DRAWN: LEL	CHECK: RLC/EWB	MECHANICAL:	ELECTRICAL:	PROJECT NO.: 93126	C7
CIVIL: RJR/EWB	PROJECT: RLC	APPROVED: RLC/EWB	DATE: MAR'95	SCALE: 1"=30'	



EXIST. PLANT – PLAN VIEW

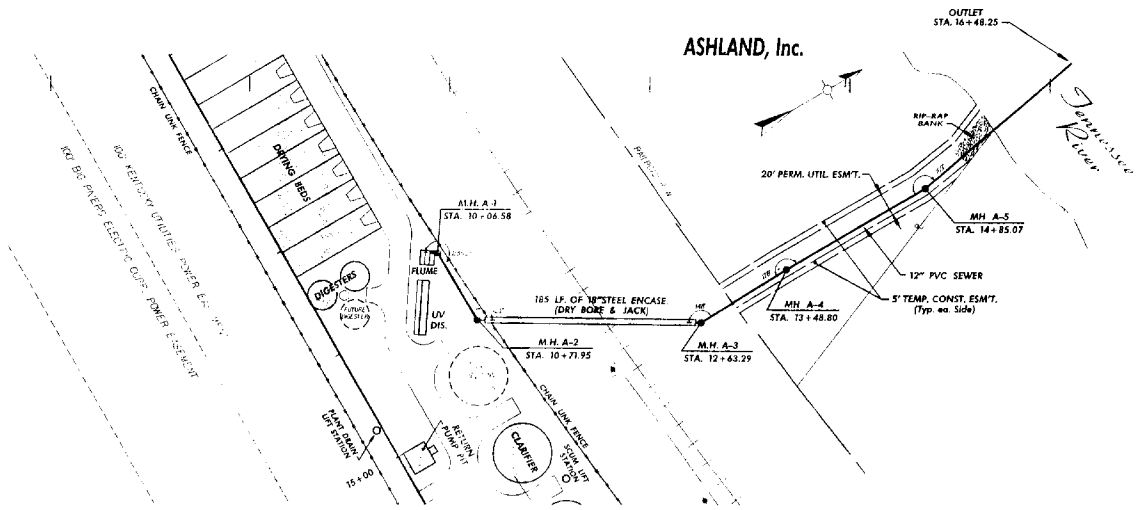
INFLUENT PUMP STATION

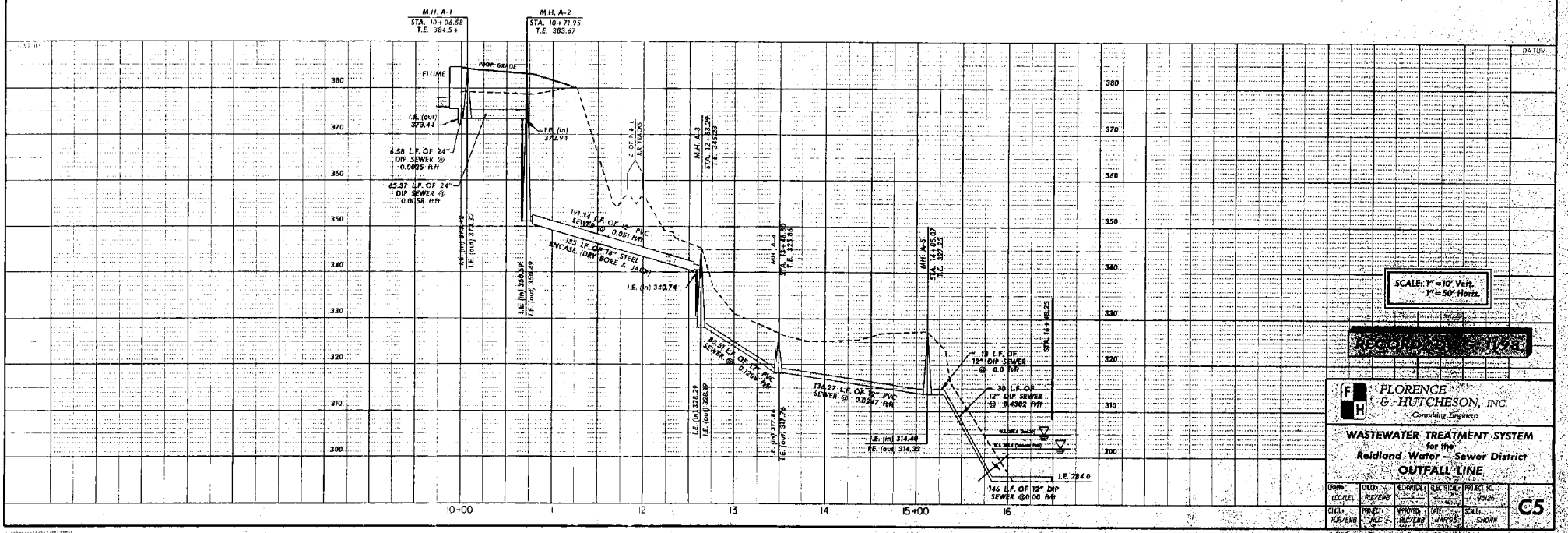
FLORENCE & HUTCHESON, INC.
Consulting Engineers

SEWAGE TREATMENT PLANT
for the
Reidland Water – Sewer District
EXIST. PLANT SITE GRADING

DRAWN: LEL	CHECK: RLC/EMB	MECHANICAL: —	ELECTRICAL: —	PROJECT NO.: 93126	C8
CIVIL: RJR/EMB	PROJECT: RLC	APPROVED: RLC/EMB	DATE: MAR'95	SCALE: 1"=20'	

RECORD DWG-11'98





DATUM

SCALE: 1" = 10' Vert.
1" = 50' Horiz.

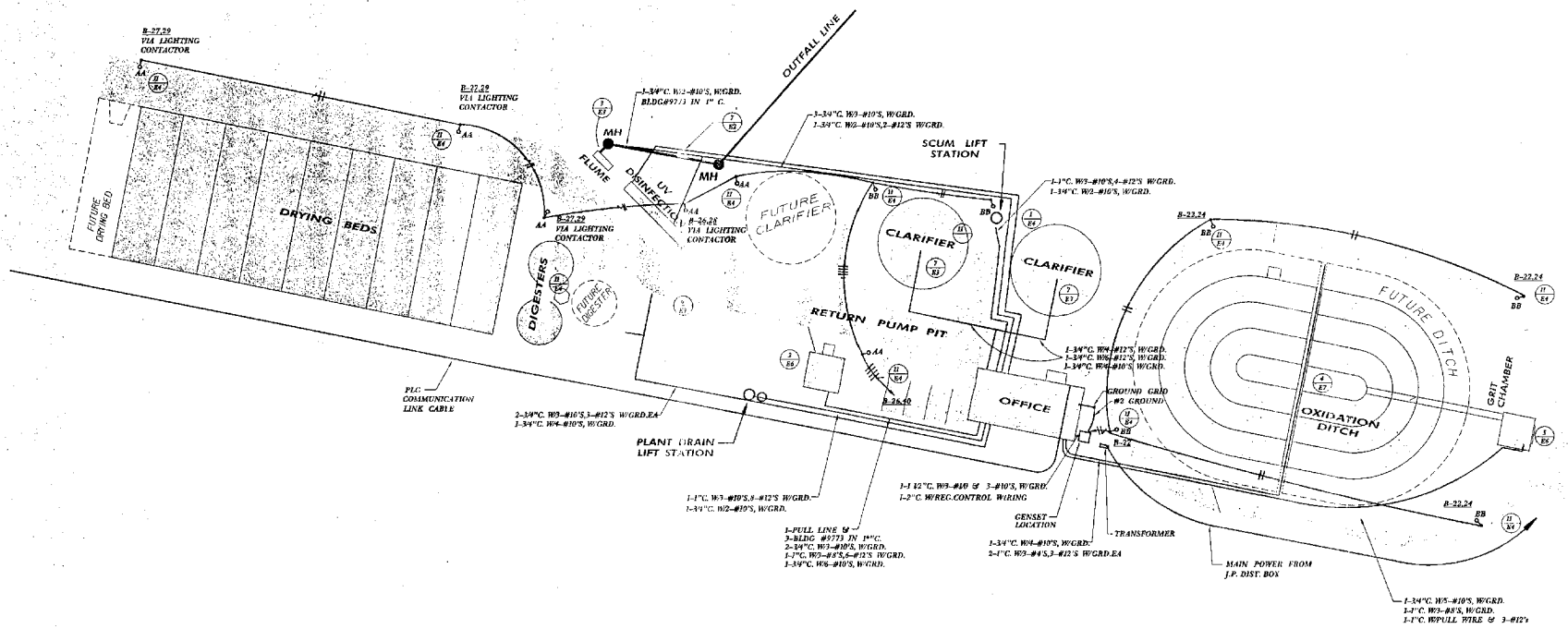
RECORD DRAWING 11/98

FLORENCE & HUTCHESON, INC.
Consulting Engineers

WASTEWATER TREATMENT SYSTEM
for the
Reidland Water - Sewer District
OUTFALL LINE

DRAWN LDC/DEL	DESIGN RLE/EWG	MECHANICAL	ELECTRICAL	PROJECT NO. 97-09
CHK'D RLE/EWG	PROJECT ENGR. RLE	APPROVED RLE/EWG	DATE MAR/98	SCALE AS SHOWN

C5



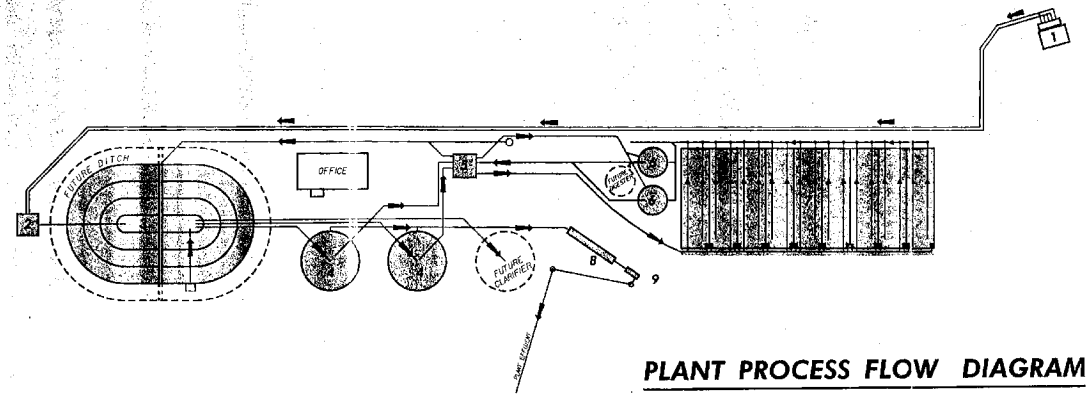
RECORD DWG. 11/98

FLORENCE & HUTCHESON, INC.
Consulting Engineers

SEWAGE TREATMENT PLANT
for the
Reidland Water–Sewer District
SITE UTILITY PLAN

DRAWN: KRC MJV	CHECK: WFM DMU	RECOMMEND: WFM	ELECTRICAL: DMU	PROJECT NO.: 94007	U1
DETAIL: WAT	PROJECT: WAT	APPROVED:	DATE: MARCH'95	SCALE: 1"=30'	

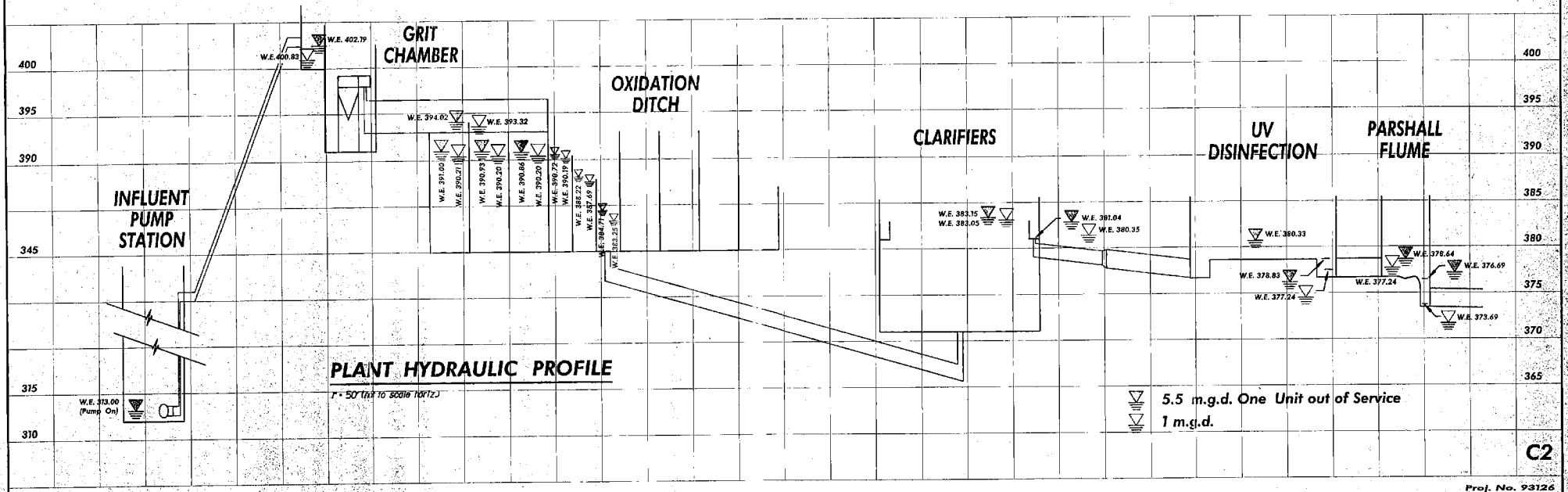
	UNIT	DESIGN CAPACITY
1	INFLUENT PUMP STATION	4 m.g.d. PEAK
2	GRIT CHAMBER	2 m.g.d. PEAK
3	OXIDATION DITCH	1 m.g.d. AVG.
4	CLARIFIERS	4 m.g.d. PEAK
5	RETURN SLUDGE PUMPS	1.5 m.g.d. AVG.
6	AEROBIC DIGESTERS	1 m.g.d. AVG.
7	DRYING BEDS	1 m.g.d. AVG.
8	UV DISINFECTION	4 m.g.d. PEAK
9	PARSHALL FLUME	5.5 m.g.d. PEAK



PLANT PROCESS FLOW DIAGRAM

1" = 50'

RECORD DWG. 11/98



PLANT HYDRAULIC PROFILE

1" = 50' (1:1 to scale horiz.)

5.5 m.g.d. One Unit out of Service

1 m.g.d.

C2

Proj. No. 93126